

City Council
Scott J. Mandel, *President*
Fran Adelson, *Vice President*
Eileen J. Goggin
John C McLaughlin
Len Torres

City of Long Beach



City Manager
Jack Schnirman

*Commissioner of
Parks & Recreation*
Robert A. Piazza

Recreation Department

LONG BEACH NON – RESIDENT RECREATION MEMBERSHIP

- **PROOF OF AGE** must be shown or application will not be accepted if purchasing **Child** or **Senior Citizen** membership.
- Membership entitles use of Recreation Facility, including: Pool, Weight & Cardio Rooms, Steam Room & Showers.
- Please fill out all information below and return to Recreation Center, Magnolia Blvd. & W. Bay Drive, Long Beach
- Make checks payable to CITY OF LONG BEACH with proper identification, such as Driver's License. We now accept Credit/Debit Cards, Visa and Master Card only.
- Membership is non-transferable AND **non-refundable**.
- Please CHECK-IN AT FRONT DESK each time you come

>> PUT TELEPHONE NUMBER ON CHECK<<

ANNUAL FACILITY RATES

_____ Child	\$240.00
_____ Adult	\$400.00
_____ Couple	\$540.00
_____ Family Plan	\$575.00
_____ Senior Citizen	\$240.00
_____ Physically Challenged	\$240.00
_____ Swim Team Member	\$240.00

SEMI-ANNUAL FACILITY RATES

_____ Child	\$140.00
_____ Adult	\$220.00
_____ Couple	\$300.00
_____ Family Plan	\$325.00
_____ Senior Citizen	\$140.00
_____ Physically Challenged	\$140.00
_____ Swim Team Member	\$140.00

THREE MONTH FACILITY RATES

_____ Child	\$80.00
_____ Adult	\$120.00
_____ Couple	\$180.00
_____ Family Plan	\$200.00
_____ Senior Citizen	\$80.00
_____ Physically Challenged	\$80.00
_____ Swim Team Member	\$80.00

MONTHLY FACILITY RATES

_____ Child	\$30.00
_____ Adult	\$50.00
_____ Couple	\$65.00
_____ Family Plan	\$75.00
_____ Senior Citizen	\$30.00
_____ Physically Challenged	\$30.00
_____ Swim Team Member	\$30.00

(Please PRINT clearly and check desired membership)

NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

NAME (COUPLE) _____

DATE OF BIRTH (COUPLE) _____ AGE _____ SEX _____

STREET _____

CITY _____ ZIP _____ EMAIL _____

PHONE (day) _____ (night) _____

EMERGENCY NAME _____ Relationship _____

EMERGENCY PHONE (day) _____ (night) _____

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____ POSTED _____

NON – RESIDENT MEMBERSHIP APPLICATION

***FAMILY PASS INFORMATION**

FAMILY NAME _____

1. First Name _____ **Age** _____ **DOB** _____

2. First Name _____ **Age** _____ **DOB** _____

3. First Name _____ **Age** _____ **DOB** _____

4. First Name _____ **Age** _____ **DOB** _____

5. First Name _____ **Age** _____ **DOB** _____

6. First Name _____ **Age** _____ **DOB** _____

7. First Name _____ **Age** _____ **DOB** _____

8. First Name _____ **Age** _____ **DOB** _____

9. First Name _____ **Age** _____ **DOB** _____

10. First Name _____ **Age** _____ **DOB** _____

*** Family Pass includes Parents and children 17 and under residing at the same address.**

RECEIPT # _____ **DATE** _____ **STAFF** _____